

E. Other untaxed income received by members of the household

List the amount of other untaxed income **not reported elsewhere** on this form for all members of the household. Include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc. **Do not include in this section** extended foster care benefits, student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

Name of Recipient	Type of Other Untaxed Income	2017 Annual Amount

F. Housing, food, and other living allowances paid to members of the military, clergy, and others

Include cash payments and/or the cash value of benefits received by all members of the household. **Do not include in this section** the value of on-base military housing or the value of a basic military allowance for housing.

Name of Recipient	Type of Benefit Received	2017 Annual Amount

G. Other Resources

Please provide information about any resources, benefits, and other moneys received by **any** member of your household **including those excluded in other sections of this worksheet**. These resources may, or may not, have appeared on the FAFSA application.

Resource/Benefit Received in 2017	Recipient Name	Monthly Amount Received
SNAP Benefits (Food Stamps)		
Women, Infants, & Children Benefits (WIC)		
Temporary Assistance for Needy Families (TANF)		
Supplemental Security Income (SSI)		
Veteran's Education Benefits		
Untaxed Social Security Benefits		

So that we may fully understand your family's financial situation, please describe any additional resources or benefits received by **any** member of your household including, but not limited to, in-kind support from a relative, friend, government agency or other.

Signatures

By signing this worksheet, I/we certify that all of the information provided is complete and accurate.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Signature _____ Date _____

Parent Signature (If Applicable) _____ Date _____

Submit Documents

Submit this worksheet with all required documentation to:

Missouri Western State University, Office of Financial Aid, Eder Hall Room 103, St. Joseph, Missouri 64507, FAX 816-271-5879

Please make sure all documents are signed and include your student ID number.